## REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/711,682	
Filing Date	September 30, 2004	
First Named Inventor	CHAU	
Group Art Unit	1793	
Examiner Name	Hoban, Matthew E.	
Attorney Docket Number	07194.0113U1	

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

	ired under 37 C.F.R. § 1.114					
a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office						
action may be considered as a submission even if this box is not checked.						
	i. Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed					
	ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on					
b. 🛛 Enclosed						
1. <u>                                      </u>						
iv.						
2. Miscellaneous						
a. Suspension of action on the above-identified application is requested under 37. C.F.R. § 1.103(c) for a						
period of months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)						
b. D Other						
3. Fees (Fees are required at the time the RCE is filed)  a. Check in the amount of \$ is enclosed for the fees designated below.						
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<ul> <li>b.</li></ul>						
c. 🛛 Payment is herewith submitted electronically via EFS-Web in the amount of \$3,160.00 for the fees						
designated below.						
•	rector is hereby authorized to charge the amoun	t of	to Deposit Account N	o. 14-0629 for the		
	fees designated below.					
e. 🛛 Fees						
RCE fee required under 37 C.F.R. § 1.17(e) (Large Entity) - \$810.00						
Extension of time fee (37 C.F.R. § 1.17(a)(3)) (Large Entity) - \$2,350.00						
Other						
f. The Director is hereby authorized to charge any underpayment or credit any overpayment to						
Deposit Account No. 14-0629.						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED						
Nama	<u> </u>	<del>Í</del>				
Name (Print/Type)	Kevin W. Hathcock	Registration No.		E0 000		
(Filliv Type)	Reviii VV. Hatiicock	Allome	(Attorney/Agent) 52,998			
Signature	/Kevin W. Hathcock/	Date June 18, 2010				